

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement for date of service (DOS) 06/13/01?
b. The request was received on 03/22/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and Letter Requesting Dispute Resolution
 - b. Provider marked exhibits
 - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Based on Commission Rule 133.307 (g)(4), the Division notified the insurance carrier's Austin Representative of their copy of the Requestor's additional documentation on 09/09/02. The Respondent did not submit a response. The "No Response Submitted" sheet is reflected in Exhibit II of the Commission's case file.
4. Notice of "Additional Information submitted by Requestor" is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor: The provider has not received proper reimbursement for services associated with an epidural steroid injection.
2. Respondent: No response submitted.

IV. FINDINGS

1. Based on Commission Rule 133.307 (d)(1&2), the only date of service eligible for review is 06/13/01.
2. The carrier's EOB with audit date 08/24/01 has the denial, "F – FEE GUIDELINE MAR REDUCTION."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
06/13/01	76499-27-22	\$350.00	\$0.00	F	DOP	MFG, GI (I)(A&B) & (III), CPT & modifier descriptors, TWCC Advisory 97-01	The CPT descriptor states, "Unlisted diagnostic radiologic procedure." The medical documentation indicates that the provider is billing for fluoroscopic guidance (fluoroscopy). The MFG GI (I)(A) states, "... (TWCC) has incorporated usage of the ... (AMA's) 1995 ... (CPT) codes". The MFG has CPT code 76000 which has the descriptor "Fluoroscopy (separate procedure), up to one hour physician time, other than 71023 or 71034 (eg. cardiac fluoroscopy)". The CPT code 76000 is sufficiently descriptive of the procedure performed and the MAR value of 76000-27 is \$88.00. Therefore, the provider is entitled to reimbursement of \$88.00 .
06/13/01	76499-27	\$300.00	\$0.00	F	DOP	MFG, GI (II)(A&B) & (III), CPT & modifier descriptors, TWCC Advisory 97-01	The TWCC Advisory 97-01 states, "... When videofluoroscopy or fluoroscopy is performed with a myelogram or discogram, such procedures (emphasis added) are considered part of the service and should not be billed separately." The procedure in dispute is an epiduragram and is a procedure that should not be reimbursed separately. Therefore, no reimbursement is recommended.
06/13/01	A4550 A4649 A4209	\$75.00 \$15.00 \$10.00	\$0.00 \$0.00 \$0.00	Not found on the EOB	DOP DOP DOP	MFG, SGR (V)(B)(1-3)	The referenced SGR discusses the billable CPT codes for surgical procedures performed in a doctor's office. They are CPT codes 99070-ST, 99070-AS & 99499-RR. The CPT codes in dispute are not any of these billable codes. Therefore, no reimbursement is recommended.
Totals		\$700.00	\$0.00				The Requestor is entitled to \$88.00 additional reimbursement.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$88.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 15th day of October 2002.

Larry Beckham
Medical Dispute Resolution Officer
Medical Review Division